

CCHD Quarterly Reporting Required Data Elements



Facility ID _____

(Total unduplicated count of)

1. Neonates who were screened _____
2. Positive Screens _____
3. Negative screens _____
4. Neonates whose parents or guardians objected to the CCHD screening _____
5. Live births, if the report is being submitted by a medical facility _____
6. Transfers into the facility, not previously screened _____
7. Total neonates not screened _____

(The following items must add up to the “Total neonates not screened”)

ECHO completed _____
transfer out of the facility _____
NICU complications _____
missed screening _____
death _____
other _____
not yet \geq 24 hours _____

(NOTE: “not yet \geq 24 hours” is for that rare case where the infant is not yet 24 hours on the day you are doing the quarterly totals - this is a mathematical exception, not an exception to the rule that all infants MUST be screened)

